



# Public Health Bulletin

A Publication of the Public Health Department, Jeff Hamm, Health Agency Director

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## Recent Changes Made to Reportable Disease List

Four diseases were recently added to the list of health conditions reportable to the Public Health Department: avian influenza, chickenpox hospitalizations and deaths, Creutzfeldt-Jakob Disease and other transmissible spongiform encephalopathies (TSE), and influenza deaths in persons less than 18 years of age.

There were also seven deletions to Section 2500 (reporting from providers to local health jurisdictions). There were ten additions to Section 2505 (reporting from laboratories to local health jurisdictions).

There were also paragraphs added to describe specific laboratory reporting for avian influenza (a report is required upon receipt of a specimen for testing) and hepatitis C (only those laboratory test results that meet the Centers for Disease Control and Prevention (CDC) case definition are reportable).

In addition, all shiga toxin producing E. coli (rather than only E. coli O157) infections are now reportable by both laboratories (Section 2505) and providers (Section 2500). Also, shiga toxin detected in feces is now reportable

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## Public Health Officer Bids Farewell, Introduces Interim Health Officer

As I leave my position as Public Health Officer on January 15, 2008, I would like to thank the physicians and all those in the health field for your dedication to the health of the residents (and visitors) of San Luis Obispo County. It takes a village to raise a child, and make a community. A wide vision of health encourages us to help the least fortunate and least healthy live better lives.

I encourage those interested in health to watch a series of four programs coming to PBS in March: *Unnatural Causes: Is Inequality Making us Sick?* The series sorts through evidence suggesting that the social environment in which we are born, live and work profoundly affects our well-being and longevity. *Unnatural Causes* will air on PBS stations nationwide on four consecutive Thursdays from March

27 to April 17.

Craig McMillan, MD, MPH will be the interim public health officer pending a recruitment for my permanent replacement. He has been health officer in Lake County since 2002, and was the health officer in Mendocino County from 1976 to 1991. His residency training and fellowship is in pediatrics, and he practiced clinical medicine from 1991 to 2002. He was interested in moving to this county following retirement, which he conveniently scheduled for January 2008!

My first day at Cal Poly Health Center is January 31! I'm looking forward to returning to full time clinical medicine. I'll miss working on public health issues, but look forward to leaving behind the administrative and fiscal aspects of the position. Thanks for your support and assistance.

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## Smoking Banned from Vehicles Carrying Children

Effective January 1, 2008, H&S Code §118947 bans the smoking of any cigarette, pipe, or cigar in a moving or parked vehicle while a youth younger than the age of 18 is present.

As a result of this law, children in cars will breathe less second-hand smoke. It may also help reduce cigarette litter on streets and highways, reduce roadside fires, and help smokers to quit.

Children are especially at risk to the harmful health effects caused by breathing secondhand smoke in confined spaces, such as a car or truck. The level of toxic air in a vehicle when someone is smoking is up to ten times greater than the level which the United States Environmental Protection Agency considers hazardous.

The harmful chemicals in secondhand smoke can remain in the air and on surfaces in a car or truck for many hours, and even days, after a cigarette has been smoked. These chemicals stick to surfaces, such as a child's car seat, making it a potential hidden source of danger for children.

Smokers can be fined up to \$100 for smoking in vehicles when youth are present. H&S Code §118947 will be enforced by law enforcement officers such as: city police officers, sheriff deputies, and California Highway Patrol officers. Law enforcement officials may not stop a vehicle for a smoking violation alone.

## Volunteers for Emergency Aid Sought

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is an electronic database of health care personnel who volunteer to provide aid in an emergency. California physicians, nurses, paramedics, pharmacists and behavioral health professionals can register to assist with emergencies in San Luis Obispo County with Christine Gaiger at 473-7135.

This is how it works: A medical health professional registers, providing licensing information. The process takes approximately 10-15 minutes. Once you register, you can designate whether you wish to be deployed to local, state, or national events requiring medical volunteers. Upon completion of your registration, your license and credentials will be checked against the state and national databases to ensure you have a full and unrestricted license.

The program provides volunteers with limited liability coverage and workers' compensation while deployed to an event and enables health professionals to pre-register as a disaster medical volunteer, while still allowing each person the flexibility to decide whether or not to accept any potential deployments. With this system in place, persons wishing to volunteer can have all of the logistical and security arrangements made for them, so they can concentrate on doing what they do best. The San Luis Obispo County Public Health Department urges you to consider registering in order to share your expertise during a disaster.

## New Director for Public Health Laboratory

Dr. Jim Beebe, a veteran laboratory director from the public health department of Colorado, has joined the San Luis Obispo County Public Health Department as laboratory director.

Dr. Beebe was chief microbiologist for Colorado Department of Public Health and Environment from 1988 until recently. He and his staff were involved in the discovery of ConAgra and Hudson Foods E. coli O157 outbreaks, the response to the spread of West Nile virus westward and numerous other outbreaks and events.

Prior to his public career, Dr. Beebe taught medical and graduate students at Cornell University Medical College in New York City and directed private clinical reference laboratories for Quest Laboratories and LabCorp. He earned bachelor and master of science degrees from Seton Hall University and a Ph.D. in microbiology from Rutgers University, and is board-certified by American Board of Medical Microbiology.

Dr. Beebe is the recipient of the Jacoe award presented by the Colorado Public Health Association, and recently the Jacille Zeches award for public health leadership in Colorado presented by Colorado Department of Public Health and Environment.

Dr. Beebe can be reached at 781-5507 or [jbeebe@co.slo.ca.us](mailto:jbeebe@co.slo.ca.us).

## Reporting (cont.)

by both laboratories and providers. This requirement was added in fall 2006 in the wake of the outbreak of E. coli O157 infections associated with spinach because some commercial laboratories are testing for shiga toxin in addition to, or in lieu of, culturing for shiga toxin producing E. coli.

The full list of reportable diseases, including the allowable time frames for reporting them, can be found at: [www.dhs.ca.gov/ps/dcdc/html/publicat.htm](http://www.dhs.ca.gov/ps/dcdc/html/publicat.htm) (scroll down to "Reporting Guidelines"). Remember that a case or suspected case of any unusual disease, even if not currently named on the list, must be reported to the Public Health Department.

## Sign Up for Immunization Program Notification

Every quarter there are Immunization Collaborative meetings and trainings available in SLO County. If you would like to attend these meetings, call Liz Sandoval at 781-5500 or e-mail her at [esandoval@co.slo.ca.us](mailto:esandoval@co.slo.ca.us).

## Vaccination Still Recommended as Flu Season Peaks in February or March

The CDC reports that almost 75 percent of Americans are recommended to get yearly vaccines, which is the best way to prevent influenza. Health care providers and people at higher risk for influenza-related medical complications should especially make getting a flu vaccination a high priority.

While anyone can get influenza, the flu can be particularly dangerous for certain groups of people who are at greater risk of developing serious flu-related complications, such as pneumonia. Groups at higher risk of flu-related complications include infants and young children, pregnant women, children and adults with chronic medical conditions like asthma, diabetes, or heart disease, and people 65 years old and older.

Close contacts of high risk persons, such as other household members, caregivers and health care personnel, should also get vaccinated in order to protect their loved ones or those they care for. Vaccination of those who live with or care for infants is particularly important because children less than six months of age should not get a flu vaccine.

According to Dana Nelson at Healthplus Pharmacy in San Luis Obispo, 2500 flu shots have been given so far and they are expecting more, partly due to the fact that they are the only pharmacy left that have flu shots available. Erika Diaz from Community Health Centers of the Central Coast (CHCCC) has reported giving more than 10,000 flu shots so far this season. At the San Luis Obispo Public Health Department October clinic, 1,160 shots were given to seniors.

See your physician or go to your local Public Health Office, or Healthplus Pharmacy in San Luis Obispo to get your flu immunization or visit [www.flucliniclocator](http://www.flucliniclocator) for a list of places to get immunized. Influenza-related tools and information for health care professionals and patients are available at [www.cdc.gov/flu](http://www.cdc.gov/flu).

## Vaccine Preventable Diseases in California

Reported cases with onset in 2007, provisional as of October 31, 2007

	0-4 years	5-17 years	18+ years	Unknown	YTD Cases 2007	Annual 2006
H. Influenza B	0	1	0	0	1	3
Hepatitis A	6	35	365	2	408	750
Hepatitis B	1	1	247	5	254	361
Measles	0	0	1	0	1	6
Meningococcal	38	18	85	0	141	174
Mumps	1	0	4	0	5	20
Pertussis	110	81	135	2	328	1,451
Rubella	0	0	1	0	1	1
Tetanus	0	0	3	0	3	8

## Support Line for Postpartum Depression

Since 1998, the San Luis Obispo County Child Abuse Prevention Council has overseen the Postpartum Depression Support Line. With the generous support of the First 5 Children and Families Commission of San Luis Obispo County and other community funders, the Support Line continues to offer educational outreach services and referrals for immediate treatment as determined.

Call the Postpartum Depression Support Line at 549-7786 to arrange a free presentation for birthing classes, parent support groups and parent education workshops.

In addition, we encourage health providers to call the Postpartum Depression Support Line to discuss client/patient concerns so we may connect women suffering from postpartum mood disorders with qualified treatment providers.



## Stop Meningitis Toolkit Available Online

S.T.O.P. Meningitis! is a program sponsored by the National Foundation for Infectious Diseases (NFID) in collaboration with several of the nation's leading medical and advocacy groups to provide helpful information to clinicians and other health care providers who care for adolescents and young adults. S.T.O.P. stands for Share - Teach - Outreach - Protect.

This program supports the CDC recommendations that call for routine immunization among all adolescents 11-18 years of age to prevent meningococcal disease.

The goals of the S.T.O.P. Meningitis! resource kit are to: Help educate parents, adolescents and clinicians and other health care providers about the importance of meningococcal disease prevention. Help practices increase immunization rates among adolescents 11-18 years of age.

The S.T.O.P. Meningitis! Toolkit offers health care professionals and patient information on meningitis disease and vaccine. To access the toolkit, go to: <http://66.11.193.178/main.html>

## Health Education Specialist Hired for Obesity Program

Angel Graham is the new health education specialist for the Childhood Obesity Prevention Program. She will be coordinating and supporting countywide collaborative prevention efforts as recommended by the Childhood Obesity Prevention Task Force. The Childhood Obesity Prevention Program will start 2008 by participating in the Central Coast's first annual Health & Fitness Expo on January 19-20 at the Alex Madonna Expo Center.

Graham's experience includes providing pregnancy and sexually transmitted disease prevention education classes and performing HIV pre- and post-test counseling to incarcerated youth throughout the Los Angeles County Probation Department's court schools. Most recently, she coordinated a countywide work-study program for the Los Angeles Community College District, enhancing career training and facilitating long-term self-sufficiency for college students receiving public assistance. Contact Graham at 781-5522 or [agraham@co.slo.ca.us](mailto:agraham@co.slo.ca.us).

## Mumps Update

From January through October 2007, 61 possible cases of mumps with onset in 2007 were reported in California, based on provisional data. Of these, five were confirmed cases; four laboratory-confirmed cases and one case was epidemiologically linked to a laboratory-confirmed case in Colorado.

## Promoting National Infant Immunization Week in April

The County Immunization Program will be promoting the importance of immunizations and planning special National Infant Immunization Week activities to educate and inspire parents and providers to protect infants and toddlers from 14 vaccine-preventable diseases. Vaccination is the best way to prevent many serious, life threatening childhood diseases. If your medical office, preschool or business would like to participate or create an activity, the Immunization Program has the supplies, color pages, and more to help you out. Call Liz Sandoval at 788-2357 or visit [www.cdc.gov/vaccines/events/niiw/default.htm](http://www.cdc.gov/vaccines/events/niiw/default.htm) for more information.

Some materials are available for download at: [www.getimmunizedca.org](http://www.getimmunizedca.org) - go to "Policymakers and the Media" or [www.dhs.ca.gov/ps/dcdc/izgroup/shared/education/niiw.htm](http://www.dhs.ca.gov/ps/dcdc/izgroup/shared/education/niiw.htm)

## Obtaining Antitoxin and Testing for Wound Botulism

Wound botulism (WB) among injection drug users (IDUs) has been epidemic in California since the mid 1990s and California now consistently reports approximately three-quarters of the annual WB cases in the United States. Nonetheless, WB is still a rare disease; only 90 doses of botulinum antitoxin for WB were released to California physicians in 2006. Thus, many physicians are still unaware of the epidemic, of the typical presentations of WB patients, and of the protocols for obtaining antitoxin and laboratory testing through the public health system.

IDUs with WB typically present with complaints of double vision, trouble swallowing, muscular weakness and difficulty breathing. The symptoms can be mistaken for drug overdose, but on physical examination, the patients are found to have ptosis and/or other cranial nerve palsies. Paralysis is bilateral, symmetrical, and descending. Most, but not all patients, will have visibly infected wounds in locations where they have been injecting heroin subcutaneously. While the differential diagnosis for the acute onset of cranial nerve palsies includes the Miller-Fisher variant of Guillain-Barré syndrome and myasthenia gravis, California physicians should consider WB first when these signs and symptoms present in an IDU.

The diagnosis and management of WB is based initially on clinical findings. While meticulous supportive care, antibiotic administration, and wound debridement are all mainstays of patient management, the only specific treatment for WB is botulinum antitoxin. Early administration of antitoxin shortens recovery time, which can take months, so providers who suspect WB should consider treatment immediately.

To obtain antitoxin, contact the local health department (LHD) in the jurisdiction where the patient is hospitalized. All LHDs now have 24/7 numbers, and the California Department of Public Health (CDPH) recommends posting LHD contact numbers in emergency departments. Once contacted, LHDs and CDPH will discuss the case with the provider and arrange for the release of antitoxin. Antitoxin is supplied free of charge by the public health system, but its transport from the U.S. Centers for Disease Control and Prevention (CDC) Quarantine Stations at the Los Angeles or San Francisco airports is arranged and financed by the hospital. The antitoxin is equine-derived and instructions for its administration, including de-sensitization of the patient, are included in the antitoxin packet.

Testing for circulating botulinum toxin is also provided only through the public health system. The test is a bioassay in which mice are observed for symptoms over four days following test material inoculation. Since test results are returned only after several days, treatment should never be delayed while waiting for laboratory confirmation. Prior to antitoxin administration, a full 30 mls of blood must be drawn from the patient, and this specimen is forwarded by the hospital laboratory to the local public health laboratory which in turn forwards the specimen to the CDPH Microbial Diseases Laboratory. Results of the test are conveyed back to the hospital laboratory through the public health laboratory system.

If you have questions about WB or the protocol for obtaining antitoxin and testing through the public health system, call the Public Health Department at 781-4500 or 781-4550 (after hours).

**San Luis Obispo County Reported Cases of Selected Communicable Diseases - 2007**

<b>Disease</b>	<b>Jan - Sept.</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>Total 2007</b>	<b>Total 2006</b>
AIDS/HIV	8/21	1/2	0/4	0/0	9/27	10
<b>Amebiasis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Brucellosis	0	0	0	0	0	0
<b>Campylobacteriosis</b>	<b>41</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>49</b>	<b>54</b>
Chlamydial Infections	472	52	58	47	629	567
<b>Coccidioidomycosis</b>	<b>107</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>113</b>	<b>147</b>
Cryptosporidiosis	15	2	0	1	18	23
<b>E. Coli 0157:H7</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>
Giardiasis	5	1	1	0	7	21
<b>Gonorrhea</b>	<b>36</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>48</b>	<b>42</b>
Hepatitis A	2	0	0	0	2	12
<b>Hepatitis B</b>	<b>20</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>28</b>	<b>69</b>
Hepatitis C Acute	2	1	0	0	3	6
<b>Hepatitis C Chronic</b>	<b>275</b>	<b>25</b>	<b>33</b>	<b>33</b>	<b>366</b>	<b>452</b>
Hepatitis, Unspecified	0	0	0	0	0	0
<b>Listeriosis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Measles (Rubeola)	0	0	0	0	0	0
<b>Meningitis - Total</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>9</b>	<b>28</b>
Meningitis - Viral	13	2	1	1	17	21
<b>Meningitis, H-Flu</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
Meningococcal Disease	0	0	0	0	0	3
<b>Pertussis</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>75</b>
Rubella	0	0	0	0	0	0
<b>Salmonellosis</b>	<b>22</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>26</b>	<b>42</b>
Shigellosis	4	0	0	0	4	20
<b>Syphilis - Total</b>	<b>12</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>16</b>	<b>9</b>
Tuberculosis	1	0	1	0	2	2
<b>West Nile Fever</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
W. Nile Virus Neuroinvasive	0	0	0	0	0	1



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